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EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

An Address delivered before the Norfolk (Mass.) District Medical Society, at its Annual Meeting, May 18, 1853, by EBENEZER ALDEN, M.D., President of the Society.

FELLOWS OF THE NORFOLK DISTRICT MEDICAL SOCIETY, AND GENTLEMEN,—In accordance with your appointment, I have collected and propose now to present some historical notices of the medical profession in the County of Norfolk, particularly in relation to its early history. The recorded materials for such a purpose, especially during the first century after its settlement, are indeed scanty; and information obtainable from tradition is becoming every day more vague with the lapse of time. I can only say, that I have consulted original documents whenever they were accessible, and have stated nothing as fact which did not appear to be well authenticated.

I am aware that it may be said that a physician's time may be more profitably employed, than in searching musty records with the view of exhuming the names and reputation of men, who, however useful in their day, have been too long buried out of sight of the present generation to have any interest awakened either in their characters or success in life.

To such a cavil I reply, that every physician is bound to sustain the reputation of his profession by all honorable means; and perhaps in no way, aside from his own virtuous example, can he do this more successfully than by recording the good deeds and perpetuating the memory of the virtues of those who have preceded him in the same line of pursuit.

The life of a physician is at best a monotonous one. His opportunities for social and professional intercourse are infrequent. It is a life of toil, of self-denial—and, with rare exceptions, of inadequate pecuniary compensation. The physician has no time he can properly call his own. Other men engaged in laborious pursuits are permitted to partake of their food without interruption, and to sleep quietly at night. Not so with the physician. For him no season is sacred. He is liable to be called at any hour. The Sabbath, a day of rest to others, is to him but too often a day of incessant toil. In seasons of severe sickness, when *the pestilence walketh in darkness and destruction wasteth at noon-day*, he is especially exposed to danger. If others flee, he is expected to remain at his post; and it often happens, that after having been honored as the successful instrument of rescuing multitudes from an untimely

grave, he himself falls a victim to the destroyer. So fell Samuel Fuller, the earliest physician in New England; and so, quite recently in this county, died of ship fever good Dr. Thaxter of Dorchester, and the amiable Wyman of Stoughton.

Brethren, let us cherish the memory of such men. As we drop the tear of sympathy over their graves, we can scarcely fail to grow wiser and better. A thought of their sufferings will lighten our own; and should any of us perish, as they did, in the conscientious discharge of duty, it may console us in the hour of our departure to reflect that after our decease we shall "*still live*," not only in the grateful recollections, but also in the worthy deeds of some, who, emulating our example, may be led by it to practise the virtues they admire.

The County of Norfolk embraces, within an area of about four hundred miles, one city and twenty-two towns. The number of inhabitants in 1850 was about 79,000, and the density of the population not far from two hundred persons to a square mile. The number of physicians at the same period was about eighty-eight, and of clergymen eight-nine; so that it may be said, without great inaccuracy, that each religious society or parish has its own physician and minister. It must be confessed that in almost every community a few individuals may be found who seem indisposed to regard the pious instructions of the one, and quite incapable of estimating the value of the services of the other. One would think that these modern pseudo-reformers imagine themselves to have received a commission to upturn the foundations of society. With such, change in whatever direction is progress. They have more faith in fiction than in fact. Old doctrines they discard because they are old, and new dogmas they receive because they are new; the greater the apparent absurdity of these dogmas, in their view, the more profound their real truth. Nevertheless, as these persons have "method in their madness," they should be allowed the largest liberty consistent with public safety, and are rather to be won than driven to the adoption of wiser and more consistent opinions.

In the early history of the country, the professions of divinity and medicine were frequently found in the hands of the same incumbent. The ministers of that period "practised" as well as preached. Indeed, in all nations in their forming state the two professions have been identical, until, in consequence of the increase of duties demanded, and the necessity of more time and a more careful training required for their successful performance, they are disjoined. The union of the medical and priestly offices was established among the ancient Israelites as early as the time of Moses. Perhaps the origin of this union may be thus explained. Disease is an abnormal condition, and in early times was deemed a supernatural infliction on account of moral delinquency on the part of the suffering individual or others. Hence the question of the disciples to the Saviour—"Master, who did sin, this man or his parents, that he was born blind?" Sometimes, indeed, disease was a punishment; as in the case of Miriam, who for her rebellion against Moses was smitten with leprosy; and of Gehazi, who for his covetousness and falsehood went out from the presence of Elisha "a

leper as white as snow." It is not surprising that in a rude age a general principle should have been assumed from a few isolated facts, and so the opinion become common that all diseases are to be considered in the light of a penal infliction. Under such an impression, it was natural that the sick man should apply for relief to his religious teacher; his first step being to propitiate the Deity. In the case of leprosy, Moses directed the subject to apply to the priest for the examination and cure of his disease; and on his recovery to make a votive offering at the Temple. Isaiah officiated for Hezekiah both as prophet and physician; not only predicting his recovery, but prescribing the remedies in the use of which it was to be effected. The Jewish Temple became at length the great hospital of the nation, as well as the central point of its religious rites and worship.

In Egypt, also, and in Greece, the custom seems to have been early established of collecting and posting up in temples and other public places an account of medicines used and other appliances made, by which marvellous cures had been effected. In the progress of civilization and with an increase of light, this chaotic mass of materials began to assume form and shape. Medical science was the result. The works of Hippocrates embody not only his individual experience, but also the wisdom of preceding ages; and the famous oath which he was accustomed to administer to all his pupils before they were permitted to assume the responsible duties of their calling, contains a code of medical ethics unsurpassed even in modern times, as a guide to the profession in their intercourse with each other and the community.—[See Note A.]

Some of the popular medical theories and remedies of ancient times were no doubt sufficiently ludicrous; but it admits of a question whether the most visionary of them may not find a parallel even in our own boasted age of scientific progress.

One of the remarkable remedies of ancient times, the virtues of which seem to have been overlooked by the moderns, was the amethyst worn as a charm. With respect to this precious stone (and precious remedy, too, if it really possessed half the virtues ascribed to it), it takes its name* from the virtue thereof. For "being laid to the umbilicus, it first draws the vapor of the wine to itself, then dispelling the same, and so preserving him that weareth it from drunkenness. Wherefore, this pearl is a great conservative of temperance."†

The nearest approach in modern times to the discovery of a real "amethyst," or cure for drunkenness, which has come to my knowledge, was announced in a recent communication to the Boston Natural History Society, as reported in the "Evening Traveller." It appears that a certain physician, resident in Florida, has ascertained by personal experiment, that after having "intoxicated himself considerably with brandy," he can by swallowing a pill containing a small quantity of the poison of the rattlesnake, completely neutralize the intoxication; that on increasing the quantity of brandy until the intoxication becomes "pretty

* *Alpha privative*, and *methuo* to be drunken.

† Ancient Commentary on the Revelation, printed in 1642.

deep," he can, by taking three of the poison pills, not only remove the intoxication, but so reduce the pulse and depress the system that it becomes necessary, from danger of collapse, to resort quickly to powerful stimulants. In other words, three of the pills produce in this doctor's case a state of sobriety actually alarming. In confirmation of this statement, a case was related at the same scientific meeting, of a man in Athens, Ga., who, while lying under a fence in a very intoxicated state, was bitten by a very large and active snake, yet no harm followed to the man, whatever may have happened to the serpent.

We have all heard of the notice in former days, "drunk for a penny, dead drunk for two pence, and clean straw for nothing." Who knows that in the march of modern improvement we may not live to see appended to the bills of fare in some of our fashionable saloons and hotels, in addition to the variety of liquors recommended—"Amethyst pills, a sure preventive of intoxication, will be furnished gratis at the close of the entertainment, to any gentleman who may unfortunately have occasion to use them."—[See Note B.]

The early history of medicine in Massachusetts is involved in great obscurity. The names of but few practitioners, during the first century after its settlement, have come down to us, and of these few we know but little. The title of "doctor" was not often applied in the most ancient records; and indeed at that early period but few well-educated men devoted themselves exclusively to the cure of the sick.

In presenting such facts as I have been able to collect, it will be convenient to adopt a geographical arrangement of towns, which nearly coincides with the order of their settlement, rather than an alphabetical one. Omitting, for the present, Cohasset, which is more naturally associated with Plymouth County than with Norfolk, Weymouth on the eastern border of the County first claims our attention.

WEYMOUTH.

Weymouth was the second settlement of white men in New England. Weston's colony, which commenced operations there in 1622, was broken up the following year. The people, in consequence of their excessive improvidence, "fell into great extremity," and before their dispersion were dependent on Plymouth, not only for medical advice, but for sustenance also. During the next twenty years, up to the close of the ministry of the Rev. Mr. Newman, who in 1644, with many of his people, removed to Rehoboth, I have been unable to find the name of any resident physician in the settlement. In that year Rev. Thomas Thacher was inducted into the ministry at Weymouth, where for twenty years he continued, executing the double office of physician and pastor. He previously resided several years in the family and under the tuition of Rev. Charles Chauncey, at Scituate, where he acquired a high reputation as a classical scholar, and also as a proficient in theology and medicine: unlike certain medico-theologians of the present day, who certainly have not succeeded in obtaining the reputation of *very* profound attainments either in theology or medicine. After the death of his wife, he resigned his pastorate and removed to Boston, where for several years he preached

occasionally, but was chiefly occupied in the discharge of his medical duties. To him, it has been said, belongs the honor of having been the author of the first medical tract ever published in Massachusetts, entitled—"A Brief Guide to the Common People in the Smallpox and Measles"; first published in Boston in 1677, and a second edition in 1702. In 1669 he was installed as the first pastor of the Old South Church in Boston. He did not wholly relinquish his medical pursuits, however; for Cotton Mather informs us, that having preached for his father, he visited a sick person after going out of the assembly, whereby he got some harm, which turned into a fever, of which he died October 15, 1678, aged 58.

The next physician in Weymouth, of whom any tradition remains, was Dr. Beal. He is said to have resided in the North Parish, near to Hingham line. Dr. Richards informs me that he sustained a good reputation as a citizen and physician.

Dr. Nathaniel White, a native of Weymouth, was born in 1690, and died in 1758. He first settled in the North Parish, but afterwards removed to the south part of the town. He was much employed in public business, and his name often appears on the town records. He acquired and sustained a great reputation for skill, and for many years enjoyed a widely-extended practice in Weymouth and the vicinity.

Dr. Benjamin Richards, born in 1714, settled in North Weymouth, and had a good reputation and business until his death, which occurred in 1755, at the age of 41.

Hon. Cotton Tufts, the immediate successor of the last two named physicians, was born at Medford in 1731; graduated at Harvard College in 1749; studied medicine with his brother, Dr. Simon Tufts, who in Medford succeeded to his father's name, reputation and business. Dr. Tufts was esteemed as a well-educated and judicious physician. In early and middle life, he had an extended medical practice. He was one of the original members of the Massachusetts Medical Society, and from 1787 to 1793 its President. He was much in public life; a finished and well-bred gentleman of the old school, courteous, dignified, never assuming to himself titles or place which did not belong to him, nor shrinking from the performance of any duty to which he was properly called. He possessed a remarkable symmetry of character, which commanded universal respect. Towards the close of life his time was so much engrossed with public trusts, that he was not much occupied in general practice. As long as he was able to go out, however, his counsel was much sought in difficult cases. He was very kind to young men just commencing professional life, as I can testify from personal knowledge, and ever ready, when requested, to open to them the stores of his ample experience.

Dr. James Torrey settled in South Weymouth in 1783, and was the only physician there for more than thirty years. He was a native of Connecticut, and practised medicine there and in Nantucket a few years before his residence in Weymouth. He had a fair reputation and business for that day. Having been a seventh son, it is said that in early life he sometimes so far yielded to the whim of the times as to apply his gift in the cure of scrofula; and when accompanied with the use of the

famous Harlaem oil, or "*Medicamentum gratia probatum*," it was probably not less successful than the "touch" of his royal competitors. However that may have been, in subsequent years he wholly discontinued the practice, and left behind him that good name which is "better than precious ointment." He died December 16, 1817, aged 64.

Dr. James Lovell, who died in 1820 at the age of 52, was in early life engaged in medical practice in North Weymouth, where he was much esteemed. Soon after 1800 he entirely relinquished medical pursuits.

Dr. Noah Fifield was born at East Kingston, N. H., July 22, 1783. He studied medicine under the direction of Dr. William Sanborn, of Falmouth, Me., and Dr. Nathan McKinstry, of Newbury, Vt.; attended medical lectures at Cambridge in 1804, and settled as a physician in Weymouth in January, 1806, where he still resides, at the age of 70, in the enjoyment of a competence acquired by unremitting industry and devotion to the interests of his employers.

Dr. George Fordyce Fifield, a promising young physician, son of the preceding, a graduate of Harvard College in 1841, after having studied his profession commenced business with his father, but died in 1846, of lumbar abscess, having lived long enough to give promise of extensive usefulness had his life been continued.

In South Weymouth, Dr. Appleton Howe, the respected Vice President of this Society, established himself soon after the death of Dr. Torrey, in 1817, where he continues to reside, with a widely-extended and increasing reputation. Whatever, therefore, may have been the character of the medical faculty in Weymouth in ancient times, the present generation has been well served. Other physicians, besides those mentioned, have been residents there, but so recently or for so limited a period that it does not seem necessary to allude to them by name in this sketch.

BRAINTREE originally included within its limits the present towns of Quincy, Braintree and Randolph. It was settled as early as 1624 or 1625, but not incorporated until 1640. Before that period it had been an appendage of Boston; and for many years afterwards the inhabitants, having been too few to sustain a physician of their own, appear to have been dependent on Boston and the neighboring towns of Roxbury and Dorchester for medical advice in important cases.

QUINCY.

Dr. John Wilson, son of Dr. Edmund Wilson of London, and grandson of Rev. John Wilson, first pastor of the First Church in Boston, appears to have been the earliest resident physician in old "Brantry," now Quincy. His domicile was on lands granted by the Town of Boston to their first minister. He was well educated, but not, as some suppose, the graduate at Harvard in 1705. He probably received his medical education in London. He seems to have sustained an excellent reputation, both as a citizen and a physician. In his time "fever and ague" was a very prevalent disease in his vicinity; and there is a tradition that he was accustomed to remark, that the period would arrive when that disease would disap-

pear from this section of the country, and other diseases take its place. Although the precise date of his death has not been ascertained, it probably occurred early in the autumn of 1727, as administration was granted on his estate on the 16th of October of that year.

Dr. Edward Stedman succeeded Dr. Wilson. He married a daughter of Major Lemuel Vassal.

Leonard Hoar, M.D., who graduated at Harvard College in 1650, it is said, practised medicine here until his accession to the presidency of the College in 1672. He died at Quincy, Nov. 28, 1675, aged 48.

Dr. Henry Turner, who was educated as an apothecary in London, settled in Quincy as early as 1775. He was never extensively engaged in medical practice. He died January 21, 1773, at the age of 84.

Dr. Henry Turner, Jun., son of the preceding, was a regularly-educated physician, but died before his father. His widow Abigail, after his decease, married Samuel Bass, in 1757, and they were the parents of the late Capt. Josiah Bass.

Dr. Elisha Savil (Harvard College, 1743) was a reputable physician, and from an examination of his ledger, loaned to me by one of his descendants, I find that he had an extended business from 1750 to 1768, not only in Quincy, but also in Milton and in the middle and south precincts of old Braintree. He died at the early age of 44, April 30, 1768, of lung fever, made fatal by exposure in visiting a patient after the accession of the disease.

Dr. Ebenezer Crosby, a native of Quincy, who graduated at Harvard College in 1777, it is said, practised medicine for a short period in the place of his nativity. Of this there may be some doubt. Dr. Thacher (*Medical Biography*, i., 57), says that he completed his medical education at the University of Pennsylvania; that he was at an early period of the Revolutionary war appointed surgeon to General Washington's guard, and was received into his military family, in which he continued until near the close of the war. He afterwards settled in New York, where he acquired a reputable practice and was much esteemed. In 1785, he was elected a Professor in Columbia College, which appointment he retained until his death, July 16, 1788.

Dr. Thomas Phipps was a native of Brighton. He graduated at Harvard College in 1757; went to Quincy in 1768, immediately after the death of Dr. Savil, and for many years enjoyed a lucrative and extended business. He was esteemed as a worthy man and good physician. Towards the close of his life, which terminated November, 4, 1817, at the age of 80, he became entirely deaf, which materially impaired his usefulness.

Dr. Ebenezer Brackett, son of Mr. James Brackett, was born at Quincy, in 1773. He graduated at Dartmouth College in 1791; studied medicine, and commenced business with fair prospects of success, but fell a victim to pulmonary disease in 1794.

Dr. Thomas Phipps, Jun., studied medicine with his father, and was for a time associated with him in business. He was held in high repute by his patients. His death occurred August 30, 1832. On that day he left his house apparently in his usual, although not confirmed, health.

He had proceeded but a few rods, when he fell and instantly expired, at the age of 46.

Dr. Benjamin Vinton, born October 14, 1774; graduated at Harvard College in 1796, and settled in Quincy in 1801, having previously officiated for a time as surgeon's mate in a vessel of war. He had a good reputation as a physician, and as such acquired a fair share of business. In 1813 he fell a victim to a disease of the urinary organs, probably Bright's disease, leaving a widow, who still survives, and three daughters, all of whom have since died of consumption.

Dr. Ebenezer Woodward (Dartmouth, 1817: M.D. Harvard 1823) settled in Quincy immediately after receiving his medical degree, and from that period to the present has rarely been absent from his circle of business.

[To be continued.]

REMARKS ON CROUP, OR HIVES. WITH CASES.

BY EDWARD JENNER COXE, M.D., NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

CROUP, popularly called hives, is a disease of frequent occurrence and fatal tendency, consisting in an inflammation of the mucous membrane of the trachea, or windpipe, and adjoining parts, and extending upward to the larynx, or downward to the bronchi, or both.

Croup is always to be regarded as a dangerous disease, even when the symptoms may appear so slight as to induce the belief, or rather the fallacious hope, that, as an ordinary cold or cough, it will pass by and leave no unpleasant consequences to mark its advent or progress. It is of more frequent occurrence in some situations than in others, and some children are more subject to an attack than others—a fact not easily explained. It is most apt to occur in the spring and fall, during sudden transitions of temperature. Any sudden change in the weather, which shall arrest perspiration, is followed by cases of croup, especially with those predisposed thereto by habit or idiosyncrasy.

Croup is emphatically a disease of infancy and childhood, being of rare occurrence after the age of puberty, although occasional instances are recorded of its attacking adults. The following severe cases which I attended, occurred in elderly ladies. One was the wife of Mr. Robertson, long the British Consul of Philadelphia; the other, a lady equally well known, Mrs. I. Wharton. This last, for many years, never passed a winter without having one, and generally several attacks of a most severe character. In many of these attacks her life was despaired of, by myself as well as by Drs. Physick and Dewees, who were frequently called in consultation. In this case copious bloodletting from the arm, which could not be dispensed with; large and frequently-repeated doses of hive syrup, with, at times, one or more doses of calomel and ipecac. conjoined, and powerfully stimulating applications to the throat, always proved successful in effecting a cure, enabling the system to recover its accustomed health for months, or until a renewed attack the ensuing

winter. In the other, Mrs. R., who was not predisposed to the disease, and had not had an attack for many years, there was observed one peculiarity during the progress of the treatment, which having never before or since met with, in the young or old, merits a passing notice. The attack was the sequence of an ordinary cold, which had caused no uneasiness, or any of the peculiar sounds, known to exist simultaneously with the other symptoms in all cases of croup. It commenced about 10 o'clock at night, in the spring of 1832, and required the most decided treatment, which consisted of the application of a large number of leeches, about fifty, to the throat, and upper part of the breast; frequently repeated large doses of hive syrup, and, after the leeches had fallen off, flannel wrung out of hot water, as well to encourage the bleeding as to impart benefit from the heat, as no other excitant could be borne. Although no great believer or admirer of the use of leeches to the throat for croup, I was compelled to resort to them in this case, as the pulse and general condition of the system precluded the employment of venesection.

There are many reasons for objecting to leeches in this disease; and fully agreeing with the opinion of Dr. Dewees, I cannot more forcibly express them than by using his own words upon that point. Admitting to its fullest extent the apparent plausibility of the superior advantages resulting from local abstraction of blood in many diseases, and though not impairing the truth of the general position, Dr. Dewees continues—"But this failure of benefit from local bleeding, in the case under consideration, must not be considered, however, even as an exception to the general rule just mentioned, but as depending in a great measure, or perhaps altogether, on circumstances inseparable from the operation of leeching itself. This operation is attended with several circumstances decidedly adverse to this disease; for, 1st. It employs considerable time, during which the patient is obliged to maintain an irksome position, and this may be extremely unfavorable to his breathing. • 2d. It often becomes important that the quantity of blood to be drawn should be very exactly determined; this cannot be done in leeching, especially as the after bleeding is sometimes very considerable, in spite of every attempt to arrest it, to the manifest injury of the patient. 3d. Their coldness, and the sudden exposure of the throat after having been warmly covered, is often times so mischievous, that the bad symptoms can be seen to increase during the operation, and are almost sure to follow immediately after." Dr. Dewees concludes by saying that he never in a single instance saw it do good, but in a number of cases has seen it do harm. Cups to the back of the neck may be used in place of leeches to the throat, with decided advantage, when general bleeding is not allowable from the age or debility of the patient.

The effect produced by this local loss of blood, and frequently-repeated large doses of hive syrup, succeeded finally in completely overcoming all unpleasant symptoms, as far as croup was concerned. There now appeared, what was not and could not have been anticipated—evidently the result of the depressing or poisonous influence of the tartar emetic contained in the syrup, a large addition of which had been made extempo-

ranously to meet the exigency of the case—a most unusual and powerful sweating from the whole body, accompanied by an alarming depression of the pulse, an exhaustion of the whole bodily strength, with an almost entire extinction of voice, and the feeling of approaching death. To the family no less than to myself, in the dead of the night, all was a source of anxiety and great alarm; but it was met by an immediate resort to powerful external irritants, and the free internal use of the best old brandy, with Jamaica ginger, allspice and cloves infused in it, kept on the fire, and administered as hot and in as large quantities as could conveniently be swallowed. For three hours were we kept in this state of suspense; but little if any progress or improvement being perceived. I requested that Dr. Chapman, the family physician, should be called in consultation. From some cause, though sent for several times, the doctor did not come as quickly as was desired. The proper means and efforts were not relaxed, and when, about 5, A.M., he did arrive, I had most happily succeeded, by the above means in restoring my patient to a more natural condition of pulse, skin and voice, and justly considered all danger passed. Debility naturally resulted, but proper nourishment and care restored her in a few days to her ordinary health.

Croup is, often, both sudden in its approach, and rapid in its progress, although in the majority of instances it commences with the usual symptoms of an ordinary cold, as, sneezing, fretfulness, and, at times quite early, that peculiar hoarseness of cough, and voice so peculiarly characteristic of the disease, sounds once heard, never to be forgotten, and with too many, alas, a mournful memento of the painful past.

This disease may occupy several days in running its course to recovery or death, or it may commence and end fatally in a few hours. Many varieties of it have been described, and a modified or peculiar plan of treatment advised and adopted; but it may fairly be questioned, whether, in a curative point of view, any advantage has resulted from such a diversity of pathological views, and the necessary discrepancy as to the most proper plan of treatment to effect the greatest number of cures, the end and aim of the medical art.

The only varieties, if so they may be called, I have ever thought worthy of notice, have been those caused by the mode of attack; either, first, a hoarseness perceived upon coughing, which may continue several days, or, until some change in the air, or other cause, may suddenly cause an increase of all the symptoms; or, second, when an attack may commence suddenly, without the least premonition, and these generally occur in the middle of the night, or towards morning. The first give more time, and are more manageable, with milder treatment and watchfulness, while the last admit of no delay, and require the remedial measures to be immediately and simultaneously put in practice.

We may regard this disease as one of a highly inflammatory and dangerous character, involving parts essential to the continuance of life, and disposed to run its course with fearful rapidity, a fact not easily disputed. There are slight modifications of the peculiar symptoms, depending upon a slight difference of locality of the inflammation, but we should proceed with a certain conviction that in eight cases out of ten, the disease will advance with rapidity, and increased severity, most probably de-

stroying life, unless the most vigorous plan of proceeding be at once commenced, and continued until health be restored, or at least the more prominent and dangerous symptoms be subdued.

Such a conclusion does not necessarily involve the absolute necessity of employing all of the remedies in the most heroic manner; for, here, as in all other diseases, judgment is most imperiously demanded, and a timely use of an efficient remedy may arrest a further progress, and prevent the necessity of extreme measures. My maxim has ever been, not to wait for alarming symptoms before setting to work, but rather to vigorously ply a well-known remedy, hive syrup, until vomiting shall have been produced, and then waiting to see what time, with nausea by the same remedy, would effect. But wait not until death is staring you in the face, and then resort to the cruel and useless operation of tracheotomy; although I know there have been cases reported, where it has been said to have proved successful. There may be some diseases or accidents, where such an operation is justifiable and proper; but never in croup, if a proper treatment has been timely instituted and vigorously pursued. If such has not been the case, it is too late, the time has passed, and death, as far as human means can go, will necessarily result.

Let us hear what Professor Dewees said in reference to this dernier and hopeless resort in croup—"As a last resource, tracheotomy has been proposed with confidence, but it has been but too often performed without success. Nor is this to surprise us, since by the operation *nothing more* can be expected, than has resulted from the spontaneous discharge of the membrane, and we have already said that this is but rarely followed by permanent relief. In our opinion, the operation has been performed with more intrepidity than discretion; for, until we can prevent new accumulations after the removal of the previous ones, we need promise ourselves but little success from this scheme. It has been said, that the failure from this operation has been principally owing to its being performed too late; and hence it has been advised early in the disease. But who would promise himself, that he had saved life by this operation, since, if it be performed early, other remedies might have succeeded as well. And when performed late, who has witnessed its success? Therefore, in the early stage of the disease, the operation is certainly not called for, nor would it be proper to have recourse to it, since the disease is very often relieved without it; and in the latter, we believe it has ever been unavailing. We have seen it performed twice without success, where the operation, simply considered, had every advantage which sound judgment and consummate skill could give it, for Dr. Physick was the operator. He had no confidence in it." How could he?

In reference to the violence of this disease, and the necessity of abstracting what may appear a large quantity of blood, from those of tender years, I may remark, that in one of my own children, as well as in those of other families, I have been forced to continue the flow of blood, the sheet anchor of hope in some cases of croup, in conjunction with other remedies, until convulsions caused by the remedy, had manifested themselves, before the choking and death-approaching symptoms would

yield; and yet, in all of these cases, unpleasant as then were my feelings, and no one to share the responsibility, I was satisfied of the correctness of the course, and that, as far as human means could avail, no milder plan would have succeeded. Those alluded to, are now advanced in years, enjoying the most perfect and robust health.

As bearing upon this point, I may most properly and appropriately quote from Dr. Wood's Practice. Dr. W. remarks, "Indeed, in the earliest stage, before secretion has commenced, it would be impossible to determine, with certainty, which form the disease was about to assume; also, that there may be cases in which the two forms may be combined, and that, from these facts, the highly important practical inference is deducible, that in every case, in which the symptoms of croup appear, efficient remedies should be promptly applied, for, if carefully employed, they can do little serious or lasting injury, while the neglect of them may possibly lead to the most deplorable consequences."

The following remarks are from the late eminent Professor Dewees. "How many parents have had reason to repent of the neglect of a slight hoarseness, of perhaps several days continuance, which terminated in death in a few hours, after it had fully developed its character; and how many, who, perhaps in some measure aware of its tendency, had relied upon a feeble administration of antimonial wine, or a little of the expressed juice of the onion, when nothing but the prompt application of active remedies, could, even in its commencement, have subdued the disease."

Long before the appearance of Dr. Wood's Practice, I had formed the above opinions, and adopted the course of practice necessarily resulting therefrom. The success has been most complete, and satisfactory to all parties; and, at the risk of incurring the imputation of self-laudation, which certainly is not my object, for truth and human life are the results, and with the hope of doing good, and indirectly of being the means of saving life, I must be excused when I say that out of more than one hundred and fifty cases of croup, of all degrees of violence, between 1823 and the present 1853, I have lost but one patient, and that attended by peculiar circumstances not necessary to state here.

In undertaking the treatment of croup, let the principles laid down for our guidance be carried out at the bedside, and cures will follow more generally, while theorists may employ their minds in discussing the pathological shades of difference in that, which, for all practical and curative purposes, should be considered as one disease.

After these general observations upon points certainly of great value, let us continue the main objects, the general course of the disease, and the proper mode of proceeding in all cases.

Let it be remembered, that hoarseness is the only premonitory symptom of croup, though it may in some instances be accompanied or preceded by catarrhal symptoms, but not necessarily. Whenever such is observed, although there may be some hoarseness in ordinary coughs, let the advice of Professor Dewees be remembered. "But it may be proper to advise, whenever hoarseness takes place, not to trust too much to the discriminating powers of the ear, for its nature, but instantly to pro-

ceed upon the supposition that it may be of a dangerous kind, especially as the remedies employed for the one, will most certainly relieve the other. It is therefore erring on the safe side, to treat it as if it might be of a mischievous character, though it might have passed away without such treatment."

Upon the first appearance of hoarseness in the cough, and the dry, harsh, metallic sound in the act of inspiration, no time should be lost, for the sooner the appropriate treatment is commenced, the greater will be the prospect of effecting a cure. As the disease advances, the symptoms become more serious, the face is generally flushed, or occasionally livid, the eyes swollen and red, the skin hot and dry, the pulse hard, full and frequent, though at times it will be found oppressed and small, with the respiration short and labored. One of the characteristics of croup, as alleged, and the source of the greatest danger, is the tendency of the inflammation to throw out a false membrane upon the inner surface of the trachea and adjoining parts; but this will not occur, where an appropriate and well-timed vigorous treatment has been adopted. Having never met with the slightest trace of this false membrane, to what causes must I attribute that fact, other than a very free use of properly prepared hive syrup, copious bleeding from the arm, and such other auxiliaries as the actual symptoms of each case might indicate.

In reference to this remedy, Coxe's hive syrup, upon whose efficacy so great stress has been laid, which Professor Dewees and all others who have used it when properly prepared, have praised in the highest terms, I may remark that it was prepared expressly for croup, and for my especial benefit in early infancy, my attacks of that disease having been very frequent, dangerous, and difficult of management. When rightly prepared, and freely administered, the hive syrup will rarely, if ever, disappoint our most sanguine expectations. Such I know was the opinion entertained, expressed, and published respecting it by Professor Dewees, and such I have always found to be the fact. It may truly be said, that no other remedy, or combination of remedies, can be compared to it, for the cure of croup. The experience, during more than half a century, of its uniform success, by Professor Coxe, with my own for thirty years; the testimony of the oldest and ablest physicians; its popularity as a household remedy, in consequence of its intrinsic merits and certain efficiency, are ample proofs that it is to be depended upon in cases of emergency, and that in mild cases, or, most generally, in the commencement of all attacks, it will suspend the further progress of the inflammation which constitutes the disease.

Treatment.—Much that relates to the successful treatment of croup has already been noticed, and it may be sufficient here to remark, that the free use of hive syrup, often by itself adequate to accomplish a cure, with bleeding from the arm to an extent only to be governed by each case, and repeated, if necessary, are the remedies upon which the utmost reliance may be placed. The only necessity for a repetition of the bleeding, will be a recurrence of the difficult respiration, violence and hoarseness of the cough, with the harsh dry inspiration. Let it be remembered, however, that one large bleeding, sufficient to produce the effect demand-

ed, will be safer, and debilitate the patient less, than several smaller ones, at distant intervals.

From the commencement of the disease, vomiting should be induced, and kept up, as long as may be necessary, by repeated doses of hive syrup, every few minutes, after which nausea must be maintained for one or more hours, by the occasional exhibition of smaller doses of the same, at intervals suited to each case, regardless of the vomiting which may occur from time to time. In case hive syrup of a proper quality cannot be procured, antimonial wine, ipecac, or its syrup, tartar emetic, dissolved in water, or any other prompt emetic, may be substituted. Teaspoonful doses of powdered alum in water or syrup have been strongly recommended, and may be used, if other more efficient remedies are not at hand. The addition of alum to the hive syrup is not inadmissible, and in some cases, where a great insusceptibility to the action of emetics exists, often singularly the case in croup, I have used it with apparent benefit.

While the above remedies are being used, the feet or the whole body should be placed in a hot or warm bath, the throat and upper part of the breast well rubbed with some strong liniment, as turpentine or ammonia, or covered with a mustard poultice, the child being covered with a blanket, to produce a perspiration at the same time.

Either during the attack, when severe, or subsequently in almost all cases, a dose of calomel, followed in a few hours by one or more doses of castor oil or senna tea, to act freely on the bowels, should be given.

In order to prevent the recurrence of an attack of croup, the following night, a fact of frequent occurrence, unless anticipated and prevented, it will always be prudent to give a moderate dose of calomel with a full dose of paregoric at bed-time, and the following morning a strong infusion of senna tea, or a dose of oil to act well on the bowels, with occasional small doses of hive syrup and paregoric.

In the commencement of croup, to arrest its progress, or in some cases when difficulty exists in producing vomiting, a plaster of Scotch snuff, first recommended by Dr. Godman, may be applied to the throat and breast with advantage. It produces full vomiting with much nausea, upon which its efficacy alone depends.

It frequently happens that more or less cough, with hoarseness, without the harsh inspiration, will continue several days after the disease may be said to be overcome; and for this a combination of hive syrup and paregoric will answer admirably—the dose of each being proportioned to the age of the child, and the violence and frequency of the cough. A good night's rest by means of a full dose of hive syrup and paregoric will often produce surprising effects, breaking up the apparent spasmodic and periodic cough, so frequently observed at the end of this disease. An occasional dose of oil, in the convalescence from croup, is often required, and will prove useful.

During the continuance of croup, and subsequently, for a few days, a free use of mucilaginous drinks, as gum water or flaxseed tea, with sugar and lemon juice, may be allowed, and, if desired, the drinks may be iced. The diet, during convalescence, should consist principally of farinaceous articles, as rice, mush and molasses, sago, arrowroot, tea and toast, or milk and water.

It may not be irrelevant to the subject of these remarks, to note the necessity of knowing that a remedy which has, for more than half a century, been found equal to the emergency of the case, should be well prepared. Upon the discovery of its real utility, the maker at once presented the recipe to his medical associates, not thinking it right to reserve for his own use, in any way, that which was calculated to effect so much good. From cupidity, ignorance, or other causes, it was found, and is so still, so miserably prepared, as not to keep, and to be in all respects unworthy of its name; and Mr. D. B. Smith, without consulting the original maker, thought fit to change the preparation, because, he said, it would not keep. Such was the fault of those preparing it, and not at all resulting from the formula, for I have some, made ten and fifteen years since, which is as good as ever, and in no way disposed to ferment or otherwise change, though made and kept in the city of New Orleans. Having, with the approbation of the originator and maker, added some articles to increase its power in croup, all who wish the hive syrup, as it should be, to keep in all climates and weather, can procure it when desired.

New Orleans, Aug. 29, 1853.

CASE OF A FŒTUS WITHIN THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case is entirely novel to me, and I have no recollection of ever seeing anything of the kind on record. If you think it will be of interest to the readers of your valuable Journal, please give it an insertion.

Mrs. M., of this city, became pregnant with her third child in February, 1853. After the second month she was attacked with frequent floodings, which would last for a day or two and then subside. During the last two months which she carried the child, the bleeding became more profuse, so as to waste her strength, and at times became alarming, so much so that I was called in several times to arrest the hemorrhage.

On the 20th of August I was called to see her. Found her with labor pains, and saying she was going to be confined—that she was about six months along. I made an examination per vaginam; found the os tincæ somewhat dilated, and, what I had before suspected, the placenta attached over the mouth of the womb, and presenting. As the dilatation was not great nor the flooding profuse, I left her to nature for three or four hours.

All this time I was expecting to be summoned in haste to arrest the hemorrhage which I supposed might ensue. But no very troublesome bleeding occurred. The labor slowly progressed, and upon making a second examination, four hours after the first, I found the same presentation, with the parts a little more dilated. I could feel no part of the child, but the placenta protruding through the os tincæ.

I now commenced manipulating, and attempted for some time to remove the placenta or some portion of it to one side, in order to give the

fœtus room to pass down. After nearly exhausting my patience without gaining ground, during a strong pain I made a thrust, and my finger went through the placenta. The liquid flowed out in large quantity. I was at first alarmed, thinking it might be blood, but soon found that it was mostly water. I could now feel the head of the fœtus. The pains continued strong, the parts were *well* dilated, yet the descent of the child was slow, and only with the placenta. At length this was expelled. I felt for the cord, but could find neither cord nor membranes. Upon opening the placenta, I found it to *contain the fœtus*, weighing two pounds or more; the cord, fourteen inches in length, of the medium size, and a portion of the liquor amnii which had not escaped through the opening I had previously made with my finger. The placenta was a complete sac, the cord starting off from its smooth inner surface, like the trunk of a tree from its roots. The child was a male, and breathed a few times.

It seems that the placenta had entirely surrounded the membranes, attaching its inner surface to them, while the exterior was attached to the whole surface of the womb. It looks as though the fœtus had been formed, together with the funis and membranes, without a placenta, and that was altogether an after consideration, and supplied by the whole inner surface of the womb, and surrounding the membranes and fœtus.

I have preserved the placenta and cord, with its attachment, and shall be happy to show it to any of the profession who may have the curiosity and opportunity to call.

Yours, SENECA SARGENT.

Lawrence, September, 1853.

SUCCESSFUL USE OF GALVANIC SUPPORTERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a recent number of your Journal, I noticed an allusion to Seymour's Galvanic Supporters; and as you expressed some doubts as to their efficacy, I will give you very briefly the result of my experience. Dr. Seymour called on me some six months ago, and from the fact that I had used various kinds of abdominal and spino-abdominal supporters with (to say the least) doubtful benefit to my patients, I was induced to turn rather a cold shoulder to Dr. S. But from a cursory examination of the instrument, it occurred to me that this might be a valuable application of galvanism; and having several perplexing cases on my hands, I concluded to give it a trial. I applied one to a patient, who had been suffering from prolapsus uteri for the last six months, attended with leucorrhœa, dysmenorrhœa, hysteria, palpitations, and in short all the painful concomitants of this disagreeable derangement, which had confined her to the bed for the last ten weeks. I withdrew all other treatment except the occasional use of a female syringe, and in five days my patient was able to walk a mile without inconvenience, and in ten days to resume her usual avocations. From that time to the present, she has enjoyed uninterrupted good health. The instrument was laid aside after a few weeks, and only resumed occasionally when exposed to unusual fatigue—and even then not from necessity, but from fear of a relapse. I

have used them in several other cases with similar good effect. In fact, I have never been disappointed in their effect in a single instance, where I have given them a fair trial.

This statement is entirely gratuitous on my part, and you may do as you think proper about giving it publicity in your Journal.

Eastport, Me., September, 1853.

MARK R. WOODBURY, M.D.

YELLOW FEVER AT NEW ORLEANS.

[The following remarks on the origin and progress of the present epidemic at New Orleans are from the September number of the Medical and Surgical Journal of that city, and are entitled to more weight than the statements which appear in the newspapers. The total number of deaths, up to the last week in August, as given in the Journal referred to, differs somewhat from that given in our pages last week, but not enough so to render a correction necessary.]

About the 26th of May last, the first case of yellow fever entered the Charity Hospital, and after death black vomit was found in the stomach. The first fever cases originated among the shipping along the Levee, in the Fourth District, from which point it extended rapidly through the adjacent portion of the town. A large population of unacclimated persons, living in wooden huts, with floors and timbers soaked in water, and half decayed, were seized with the disease in the most malignant form. For some time previously rain had fallen almost daily, and this added to a hot, burning sun, seemed to give strength to the poison, and lent intensity to the disease. The streets in this vicinity, for the most part, were unpaved, or planked, and the culverts, gutters, &c., were filled with water, saturated with filth and decaying vegetable and animal matter. The crowded state of these huts and low wooden tenements, with their floors steeped in mud and water, is admirably calculated to generate and propagate the germ of a disease which had already been sown in their midst.

The habits of these people (being chiefly Irish and German laborers), notoriously negligent and filthy, and utterly indifferent to all those precautionary measures which a limited knowledge of the laws of hygiene should suggest, served only to add fuel to the conflagration which was destined to extend its ravages to every portion of our devoted city. Hence, for some time, the yellow fever confined its work of death within particular localities—but by-and-by gaining strength by what it fed upon, it began to travel to other and more distant parts—to extend its arms, so to speak, in every direction, until it grasped the Four Districts within its deadly embrace. For some time the hope was entertained that those who paid proper regard to personal comfort and cleanliness—who dwelt in high, airy and well-ventilated apartments might escape the disease; but this proved a delusion—it soon became apparent that, as heretofore, the epidemic fever was no respecter of persons—the master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the humble and needy. All

who had not passed through some one of our epidemic seasons were exposed to attacks from the disease. As has been already mentioned, the fever made its appearance in the latter part of May, at least one month and a half earlier than usual, and from the first case up to the present, it steadily increased almost daily, until the mortality per diem exceeded that produced by any epidemic known in the annals of our sanitary history. In recording the fearful ravages of the present epidemic we must not forget that we have remained exempt from any such visitation since 1847, and during this time an immense population of unacclimated persons, both from Europe and the north-western part of our country, have been accumulating in our city. The number of unacclimated persons in the city, at the breaking out of the epidemic, has been estimated at 30,000 souls; but many of these, it is fair to suppose, have left the city to escape the disease.

The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons had died of the disease in six and eight hours from the moment of seizure, can readily be explained by a better knowledge of the antecedent history of the case; for on inquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking to their bed and calling in medical aid. This surmise gains additional strength from the fact that the attack, in many instances, has been so insidious and destitute of alarming symptoms, that it was with difficulty such persons could be persuaded—could be prevailed upon to submit to the usual restrictive treatment.

It is not strange therefore that such cases, which had been neglected for two or three days, in the early and curable stage of the attack, should terminate in fatal black vomit, in a few hours after the physician is summoned to the bedside of his patient. So much for the apparent malignancy of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity; so severe indeed as to terminate in death in a few hours, in spite of the best efforts of the most skillful physician and the most careful nursing.

In some instances the system seems so thoroughly saturated with the poison of the disease, from the very moment of seizure, that no system of medication, as yet suggested, seems able to cope with and stay the fatal tendency of the fever. Every medical man who has had much experience in the disease, must remember occasional instances of this kind.

The disease this season, though essentially the same in many of its most prominent features, exacts perhaps, on the part of physician and nurse, more care, diligence and precaution, to terminate favorably, than usual in our epidemics. The slightest imprudence, either in diet, exposure, or excitement of any kind, is almost certain to superinduce a relapse—from which state it is usually very difficult to extricate the patient. Hence, the great mortality among those who are not only ignorant of the peculiarities of the disease; but who are also unable, and in some instances unwilling, to pay for the requisite medical aid and attendance.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 21, 1853.

Aural Surgery.—It was unknown to us, while writing upon the slow advances made in this department, a few weeks since, that an able treatise on the subject was so near at hand. Happily for the profession, a distinct work, from a commanding source, has been put into an American dress, and at a price, too, that will gain admission for it to private libraries. "Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear, with Illustrations," by William R. Wilde, of Dublin, will be an acceptable and seasonable book. It is one of Messrs. Blanchard & Lea's finely proportioned volumes—an octavo of 475 pages. Eight chapters embrace the entire range of subjects which Mr. Wilde has introduced to the reader—the description of the diseases to which the organ is liable, being in a great measure the results of his personal observation, while the plan of medication may be regarded as essentially his own. Chap. I. gives the bibliography of aural surgery; II. Means of diagnosis; III. Statistics and nosology of ear diseases; IV. Diseases of the auricle, mastoid region and external meatus; V. Diseases of the membrana tympani; VI. Diseases of the middle ear and Eustachian tube; VII. Diseases of the internal ear; VIII. Otorrhœa, and lastly, deaf-dumbness. Notwithstanding the fact that little scientific progress has been made in the ordinary treatment of diseases of the ear, we are free to acknowledge that this book is full of practical and useful suggestions, that should be attentively studied. Explorations in the throat are important in searching for causes that impair the hearing. Enlarged tonsils, derangement of the mouth of the Eustachian tube by the extraction of the back teeth, or a chronic inflammation of the fauces, may each essentially modify, if not impair the condition of the auditory passages, and must not, therefore, be overlooked. With respect to the treatment, and chances of *hitting right*, where deafness follows some derangement of the labyrinths—for all medication directed to that point is, to our apprehension, upon the principle of hit or miss—the less the aurist does, the better. Among many other things commendable in this volume, the progressive spirit discoverable in it is cheering. Although many forms of deafness still remain incurable among us, this fact should not dampen the ardor of the medical adviser in his search for both causes and remedies. This work, with other efforts which have been made to discover means of relief in this class of diseases, leads to hopes of future success in endeavoring to open the ears of the deaf.

Laws of Civilization.—Dr. F. W. Hostman, of Holland, who has passed thirty years in Surinam, arrived at Boston last week, for the purpose of publishing a work on the laws of civilization. As we understand the ideas of the author, he has written a philosophical treatise on the conditions of humanity in all ages, and attempts to show that there is necessarily a gradual developement or progress towards the highest forms of civilization, in accordance with established fundamental laws. Dr. H. evinces a profound insight into the organization of society. Although he discusses the vexed question of slavery, the opinion is firmly entertained by him that his theory

is calculated to meet the hearty approval of all parties, and to reconcile the North with the South, and all nations with each other. If he can accomplish a tithe of the good that is hoped for by him, he may safely be hailed as a national benefactor. On looking over the manuscript of the first volume, the conclusion was irresistible that an immense amount of research had been bestowed on the subject. The chapters on the different races of men, indicate an active mind, an enviable power of analysis, and a rapidity and ease in expressing thoughts, which but few possess. It is Dr. Hostman's intention to put his book to press as soon as sufficiently liberal terms are proffered by some one of our great publishing houses.

Franklin Co. (Mass.) Medical Society.—This active branch of the Medical Society of the State, is located in the northern part of Massachusetts. It has been distinguished, from the beginning, for the intelligence, high professional tone and energy of its members. On the 7th of September, Dr. Stephen W. Williams, the president, announced his intention to remove to Illinois, and therefore resigned his chair, which has been filled with honor to himself and profit to the association. A fine gold watch was presented to him on the occasion, by Dr. James Deane, in behalf of the members. Dr. Williams was requested to give a sketch of his professional life, which he did, and it will probably be published. There were other exercises, full of interest, which may hereafter appear in a more complete form than could be conveniently embodied in this short account.

Pennsylvania College.—According to the circular lately issued, the faculty of medicine in the Pennsylvania College entertain high hopes of giving entire satisfaction the coming season in their several departments. Some few alterations have been made, consisting principally of a subdivision of labor. The museum is spoken of with a degree of pride which is justifiable when its importance to medical students is considered. Clinical instruction, the value of which no one questions, seems to be systematically conducted, in an ample field. All the Philadelphia schools exert themselves in this direction, and the result has been a wide-spreading reputation. By the last catalogue, one hundred and forty-nine were in attendance on the lectures of this college, which is encouraging for a comparatively young institution.

Hereditary Tendency to Suicide.—That such a predisposition exists, cannot be doubted, since the records of insanity furnish a melancholy amount of testimony that goes to prove it. In the United States, the number of deaths recently, by suicide, is truly shocking. Without inquiring minutely into the cause, it may well be asked, is there a preventive? It seems that in France, at one period, the mania among females for self-destruction became alarmingly frequent, and was constantly increasing. Every measure proposed had failed to stop it. As a final effort, it was decreed, by high authority, that in all cases of the death of women by their own voluntary act, their dead bodies should be exposed, naked, to vulgar gaze; and this at once put a stop to the practice. Men among us, thus far, have not regarded the ultimate disposal of their bodies, after the extinction of life, and they kill themselves when, where and how they choose, till the aggregate constitutes an appalling number. So long as disappointments are suf-

fered to prey upon the human heart, affections are blighted, and misfortunes come upon those who are not sufficiently strengthened by mental culture or moral principle, these sad events will occur. The Christian religion, with its restraining influences, is given us, and should prevent these exhibitions of distraction and weakness, which so often take place though operating against the strongest instincts of our nature.

Wooden-Leg Literature.—While Mr. Palmer, the renowned inventor of a substitute for lost limbs, was in England, his communications to this Journal were characterized by an originality that obtained for them the title of wooden-leg literature. The introduction of conversations with the Marquis of Anglesea and other English warrior notables, gave a peculiar zest to his letters, which to those who had considered an artificial prop simply as a plain matter-of-fact affair, proved an acceptable entertainment, aside from the information given. The manufacture of Palmer legs is going on successfully; but have any improvements upon them been devised of late? Mr. Wood's legs, and the principle on which they are made, as heretofore described, are much admired, and we believe he has ample encouragement. Both are New-England men; and both being equally unfortunate in the loss of a leg of their own, they began by experimenting upon themselves, and have thus arrived at a great degree of perfection. This is accorded to them by persons in a similar condition with themselves, who, of all others, must be the most competent judges of the value of their inventions. If Mr. Palmer has no more dialogues with British limbless heroes to relate, he can at least give us an account of the demand upon his establishment; the number of artificial arms and legs annually supplied in the United States, together with a statement of the sales in London, where his skill was a theme for admiration. Such an account would gratify the public, and extend a knowledge of the benefits which art has at her disposal for a most unfortunate class of men.

Vegetable Food.—In the list of officers of the Vegetarian Society—a company of one-idea people—are recognized a few of the Grahamite reformers, who were in full feather about fifteen years ago. These, it seems, are still living, and, acting upon the principle of leaven, have begun to ferment again. As nothing is too absurd for the consideration of certain anomalous minds, a new crop of believers in the doctrine that vegetable food, exclusively, is the appropriate diet of man, has been raised. They are, very naturally, the same individuals who are in the front rank of every proposed moonshine scheme for bettering the woful condition of the race. If their adherence to the vegetarian theory would cheapen the price of meats, those who have thriven well on roast beef and turkeys up to three score and ten would acknowledge their obligations. But in spite of reforming speeches, appeals to the sound sense of the world, and quotations from the prophet that "the lion shall eat grass like the ox," the shambles are still hung with mutton, veal, pork, venison, poultry and fish, and they each appear in as great demand as ever. The "good time coming," therefore, appears to us yet distant, when we shall be restricted to a diet of roasted potatoes without salt, raw onions without vinegar, and when carrots and cabbage, turnips and crook-neck squashes, will be considered fit entertainment for a 4th of July dinner!

Astronomical Influences.—It will scarcely be credited abroad, that in staid and sober New England, where every child is taught to read and write, and consequently to reflect, that believers can be found in almost any whim that a fanatically constituted mind may suggest. Biela's comet will appear again, according to veritable calculations, in 1856, after a period of three hundred years absence from the earth. A paper published in Boston gravely asserts that it is composed of spiritual essences, and occupied by spiritual inhabitants! Then comes the climacteric, which we copy, not on account of its medical bearing or philosophical deductions, but solely to exhibit the fantastic vagaries of the human mind.

"This approaching comet has already shed some spiritual rays upon our earth, which have prepared, and are still preparing, the inhabitants of earth for the reception of the concentrated rays of this superior celestial body. This will be the seventh time of its appearance since the Christian era began. *It will be the second coming of Christ*, for then the seed of universal brotherhood will be sown, or the kingdom of heaven will become established on earth. Until then the soil will be well prepared for its reception, when it will gradually grow and finally bear its fruits—humanity's redemption. Its last appearance in 1556 was crowned by the Reformation, and we are still living in the prophetic Congregation of Philadelphia. In fact, the seventh era will begin with the year 1872, when the influence of this comet will be thoroughly felt, for in reality three hundred and twelve earthly years constitute an era."

Spurious Cod-liver Oil.—Such gross deceptions are practised in the manufacture of this excellent and universally-approved article, that both physicians and patients are uncertain of the value of the bottles on sale. An advertisement in a public paper, by a sick man, who desires to contract with a person to furnish some genuine oil for his own use, shows to what extent the public have lost confidence in the honesty of some of the dealers. We cannot doubt, from the representations made by respectable persons, that some of the sea-shore manufacturers have extracted oil from any and every kind of fish that would yield it. Hence follows the want of confidence, and honest men have had to suffer for the disreputable course of rival merchants. From a personal acquaintance with most of the druggists in Boston who have cod-liver oil on sale, we can assure the medical public that they are strictly reliable men. Unless deceived by those of whom they may occasionally have purchased lots—which must be rare—none of the trade in this city, we believe, ever disposed of an ounce of the oil that was not genuine. With other cities, of course, we cannot be so familiar as with our own. Under all circumstances we feel bound to defend Boston druggists and apothecaries, who would not peril their good name for all the oil in the Atlantic Ocean.

Inunction in Scarlatina. By Dr. WALZ.—(British and Foreign Medico-Chirurgical Review.) Dr. Walz (Schmidt's Jahrbuch, April) has employed, after the manner of Schneemann, frictions with fat in 74 patients with scarlatina; all were cured. In 69 cases there was no desquamation; in 4 cases there was secondary dropsy, which was easily cured in one case by diaphoretics, in three by sulphur. The same treatment has been employed in measles.—*Charleston Medical Journal and Review.*

Barrington & Haswell's Medical Books.—The attention of readers is directed to the list of valuable works, in our advertising sheet, offered for sale by the well-known firm of Barrington & Haswell. It will be seen that the prices are annexed to the different books, which will be found a matter of great convenience to those wishing any of them.

Dr. Marshall Hall.—The friends of this distinguished medical writer will be gratified to learn that he arrived safely in Boston, on Saturday last, from an extensive tour in the West. His address is at the Tremont House.

Medical Miscellany.—Smallpox almost threatens the extermination of the Sandwich Islanders.—A German woman named Hyler, residing on Vine-street Hill, Cincinnati, gave birth to four children (two boys and two girls), on the 21st ult. Mother and children are doing well.—We see it stated in the papers that camphor has been discovered to be an antidote to that terrible poison, strychnine.—There is considerable sickness far up the Mississippi, on both sides of the River.—The American Vegetarian Association is in session at Philadelphia. One of the speakers, Dr. DeWolf, declared that a man has no more right to take the life of an animal than that of a human being.—A woman named Martha Givens recently died in Vermillion county, at the advanced age of 107 years.—Dr. Fisher W. Ames, who shot a man in the street, at Cincinnati, is in prison, not finding bail in \$25,000.—A young gentleman recently died in Georgia, who weighed 643 pounds. Death was occasioned by excessive fatness.—Dr. George Johnson has been appointed surveyor of the Marine Hospital, St. Louis, Missouri.—At Barnstead, says the Manchester, N. H., Mirror, a child recently born, is spotted. One half of the head, including one half of the forehead, is black, while the counter half is white. The face, below the eyebrows, assumes an ash yellow; the shoulders are also marked with spots, but all other portions of the skin are white.—At the Massachusetts Charitable Mechanics' Association fair, now open in Boston, the exhibition of chemicals, entirely of domestic manufacture, is a splendid proof of the science, industry and resources of our native chemists.—Dr. Isaac Woolworth, of Westfield, has sued that town for \$3000 damages for injuries received by him in consequence of an alleged defect in the road, last February.

MARRIED.—Tristram Sanborn, M.D., of Sandwich, N. H., to Miss A. L. Burleigh.—At Schroon Lake, N. Y., on the 7th inst., F. H. Stevens, M.D., of Consecow, C. W., to Miss Amelia A. Potter, daughter of Hon. I. F. Potter, of the former place.—William G. Hanaford, M.D., of Boston, to Miss J. S. Twombly.

DIED.—In San Francisco, Dr. John Baldwin, shot dead in the street by a man with whom he had a difficulty respecting squatting.—In Boston, Dr. Constantine B. O'Donnell.

Deaths in Boston for the week ending Saturday noon, Sept. 17th, 100. Males, 46—females, 54. Accidents, 1—burns and scalds, 1—inflammation of the bowels, 1—disease of the bowels, 2—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 13—convulsions, 3—cholera infantum, 13—croup, 1—dysentery, 7—diarrhoea, 5—dropsy, 2—dropsy in the head, 1—infantile diseases, 3—bilious fever, 1—typhus fever, 2—typhoid fever, 4—scarlet fever, 1—hooping cough, 1—disease of the heart, 1—intemperance, 2—disease of the liver, 4—mortification, 1—marasmus, 1—measles, 3—old age, 2—palsy, 1—poisoned by gas in cesspool, 2—scrofula, 1—teething, 3—thrush, 2—throat disease, 1—worms, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 79—Ireland, 15—England, 1—British Provinces, 3—Italy, 1—Prussia, 1. The above includes 10 deaths at the City Institutions.

MEDICAL INSTITUTION OF YALE COLLEGE.—The Course of Lectures commences annually on the last Thursday in September, and continues four months.

BENJAMIN SILLIMAN, M.D., LL.D., Prof. Emeritus of Chemistry and Pharmacy.
ELI IVES, M.D., Prof. Emeritus of Materia Medica and Therapeutics.
JONATHAN KNIGHT, M.D., Prof. of the Principles and Practice of Surgery.
TIMOTHY P. BERNES, M.D., Prof. of Obstetrics.
CHARLES HOOKER, M.D., Prof. of Anatomy and Physiology.
HENRY BRONSON, M.D., Prof. of Materia Medica and Therapeutics.
WORTHINGTON HOOKER, M.D., Prof. of the Theory and Practice of Physic.
BENJAMIN SILLIMAN, Jr., M.D., Prof. of Chemistry and Pharmacy.

On account of previous engagements of Prof. Silliman, Jr., the lectures on Chemistry, during the ensuing term, will be given by Prof. John A. Porter. Lecture fees, \$35.50. Matriculation, \$5. Graduation, \$15.

CHARLES HOOKER,
Dean of the Faculty.

New Haven, July, 1853. a3—11.

UNIVERSITY OF NASHVILLE, MEDICAL DEPARTMENT.—The third Annual Course of Lectures in this Department will commence on Tuesday, the first of November next, and continue till the first of the ensuing March.

PAUL F. EVE, M.D., Principles and Practice of Surgery.
JOHN M. WATSON, M.D., Obstetrics and the Diseases of Women and Children.
A. H. BUCHANAN, M.D., Surgical and Pathological Anatomy and Physiology.
W. A. BOWLING, M.D., Institutes and Practice of Medicine.
C. K. WINSTON, M.D., Materia Medica and Medical Jurisprudence.
ROBERT M. PORTER, M.D., General and Special Anatomy.
J. HERRIEN LINDSEY, M.D., Chemistry and Pharmacy.
WILLIAM T. BRIGGS, M.D., Demonstrator of Anatomy.
 The Anatomical rooms will be opened for students, on the first Monday of October.
 A full Preliminary course of Lectures will be given by the Professors, commencing also on the first Monday of October.
 The Students will have free access to the State Hospital.
 Fee of each Professor, \$15. Matriculation ticket, \$5. Dissecting ticket, \$10. Graduation fee, \$25.
 Good board can be obtained in the city at from \$2.50 to \$3 per week. Further information may be obtained by addressing
J. B. LINDSEY, M.D., Dean.
Nashville, Tenn., June, 1853. je 22—nov.

HOMOEOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA—*Located in Filbert street above Eleventh, Philadelphia.*—The Sixth regular course of lectures in this Institution will commence on the second Monday of October and continue until the first of March ensuing.

Faculty.

WALTER WILLIAMSON, M.D., Prof. of Materia Medica and Therapeutics.
FREDERICK HUBBARD, M.D., Prof. of Homoeopathic Institutes, Pathology, and the Practice of Medicine.
JOSSEPH G. LOOMIS, M.D., Prof. of Obstetrics, and the Diseases of Women and Children.
ALVAN E. SULLIVAN, M.D., Prof. of Physiology and Medical Jurisprudence.
MATTHEW SEMPLER, M.D., Prof. of Chemistry and Toxicology.
JACOB BRADLEY, M.D., Prof. of Surgery.
WILLIAM A. GARDINER, M.D., Prof. of Anatomy.
W. ASHTON REED, M.D., Demonstrator of Anatomy.
 Students will be admitted to the Homoeopathic Hospital, to receive Clinical instruction, and witness dissections at the bedside of the patients, and Surgical practice and operations. For further information, address

WM. A. GARDINER, M.D., Dean,
 No. 34 North 9th st, Philadelphia.
 814—4t

PURE FUSEL OIL.—Manufactured and sold by **PHILBRICK ATWOOD & CO.,** Chemists, 150 Washington street, Boston. sep. 7

MEDICAL COLLEGE OF OHIO. Session of 1853-54.—The Thirty-fourth Annual Course of Lectures will commence on the first Monday in November, under the following arrangement, and close on the last of February.

Faculty.

L. M. LAWSON, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
T. O. EDWARDS, M.D., Prof. of Materia Medica and Therapeutics, and Medical Jurisprudence.
G. W. HAYLES, M.D., Prof. of Anatomy.
ASHLEY EYASS, M.D., Prof. of the Principles and Practice of Surgery, and Clinical Surgery.
N. T. MARSHALL, M.D., Prof. of Obstetrics and the Diseases of Women and Children.
SAMUEL G. ARMOR, M.D., Prof. of Physiology and Pathology.
CHARLES W. WRIGHT, M.D., Prof. of Medical Chemistry and Toxicology.
THOMAS WOOD, M.D., Prof. of Surgical and Practical Anatomy.

The Dissecting Rooms will be opened on the first of October, under the care of the Professor of Surgical and Practical Anatomy, and students may rely on a full supply of materials, throughout the session.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital. In addition to this, a *College Clinic* will be established, which will afford a large amount of clinical instruction.

Preliminary lectures will be delivered during the month of October, by the members of the Faculty. This course, which will be free, will embrace lectures at the Hospital and College. It will not interfere on the regular course.

The New College Edifice is an ample and convenient building, and is well adapted to the comfort of students.

Fees.—For the whole course, including the Dissecting ticket, \$101. Matriculation ticket, \$5. Hospital ticket, \$5. Graduation fee, \$25.

Good board, including fuel and lights, will average about \$2.50 per week.

L. M. LAWSON, M.D., Dean.
T. O. EDWARDS, M.D., Registrar.
Cincinnati, Aug. 1, 1853. a 10—10

NEW HAVEN MEDICAL SCHOOL for PRACTICAL INSTRUCTION.—The first term will commence the first week in March, and close the last of July. The second will correspond with the Lecture Term of the Medical Institution of Yale College, beginning the last week in September and continuing four months.

JONATHAN KNIGHT, M.D., President.
S. G. HUBBARD, M.D., Treasurer.
W. HOOKER, M.D., Sec'y.

INSTRUCTORS.

JONATHAN KNIGHT, M.D., Institutes of Surgery.
CHAS. HOOKER, M.D., Anatomy and Physiology.
HENRY BRONSON, M.D., Materia Medica.
NATHAN B. IVES, M.D., Midwifery and Diseases of Females.
WORTHINGTON HOOKER, M.D., Theory and Practice of Medicine and Diseases of Children.
PLINY A. JEWETT, M.D., Surgery.
STEPHEN G. HUBBARD, M.D., Pathology and Medical Jurisprudence.

Fees.—to be paid in advance.—For the Summer Term, \$40; Winter Term, \$40; for the Year, \$80.
New Haven, Feb. 25, 1853. mch 2—eow

NEW ENGLAND FEMALE MEDICAL COLLEGE.—The Sixth Annual Term will commence November 2d, and continue four months.

WILLIAM M. CORNELL, M.D., Prof. of Physiology, Hygiene and Medical Jurisprudence.
ENOCH C. ROLFE, M.D., Prof. of Chemistry.
STEPHEN TRACY, M.D., Prof. of Obstetrics, and Diseases of Women and Children.
JOHN P. LITCHFIELD, M.D., Prof. of Principles and Practice of Medicine.
JOHN K. PALMER, M.D., Prof. of Materia Medica and General Therapeutics.
HENRY M. COBB, M.D., Prof. of Anatomy and Surgery.

Fee to each Professor, \$10. Graduation fee, \$30.
SAMUEL GREGORY, Secretary,
 13 Cornhill, Boston.
 814—3t

CITY OF BOSTON.—City Physician's Office and Vaccine Institution, No. 21 Court Square.
 Hour for Vaccination, from Twelve to One o'clock, daily.
HENRY G. CLARK, City Physician.
 Residence 35 Salem Street.
 March 13—copyl